U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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3. Name and address of person filing.

Name Michael C O'Hara

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name IUOE Local 132

1 / 1 / 2004 Through: 12 / 31 / 2004

	Labor Organization File Number 027453				
P.O. Box, Bldg., Room No., if any 98 D	P.O. Box, Building and Room Number, if any PO BOX 6770				
Street East Cove Avenue	street 606 Tennessee Avenue				
city Wheeling	chy charleston				
State West Virginia ZIP Code+4 26003	State West Virginia ZIP Code+4 25362				
5. Position in labor organization. Financial Secretary / Bussiness Abent					
Enter appropriate data below if, during the past flecal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City	0				
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Michael C. O'Hara	On 7-7-05 304-238-000 Date Telephone Number				
	Date Telephone Number				
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Name of Person Filling Michael C. O'Wara	File Number U- 2662				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer				
Street	o. Employo				
City					
State ZIP Code + 4					
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest hek				
State ZIP Code + 4					
	12.b. Amount.	0			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street		. {			
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	٥			